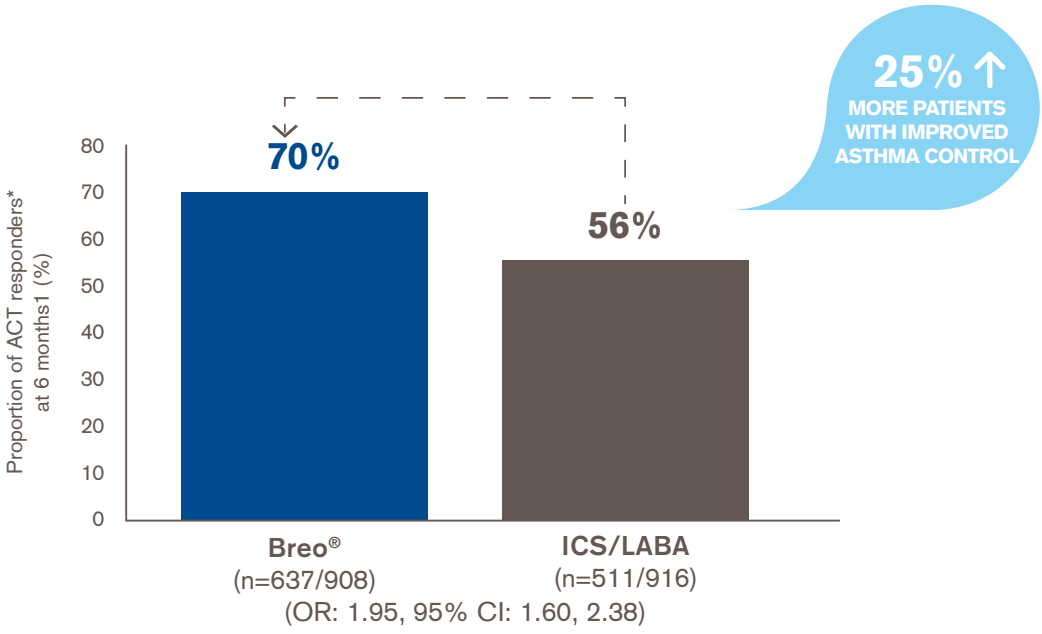
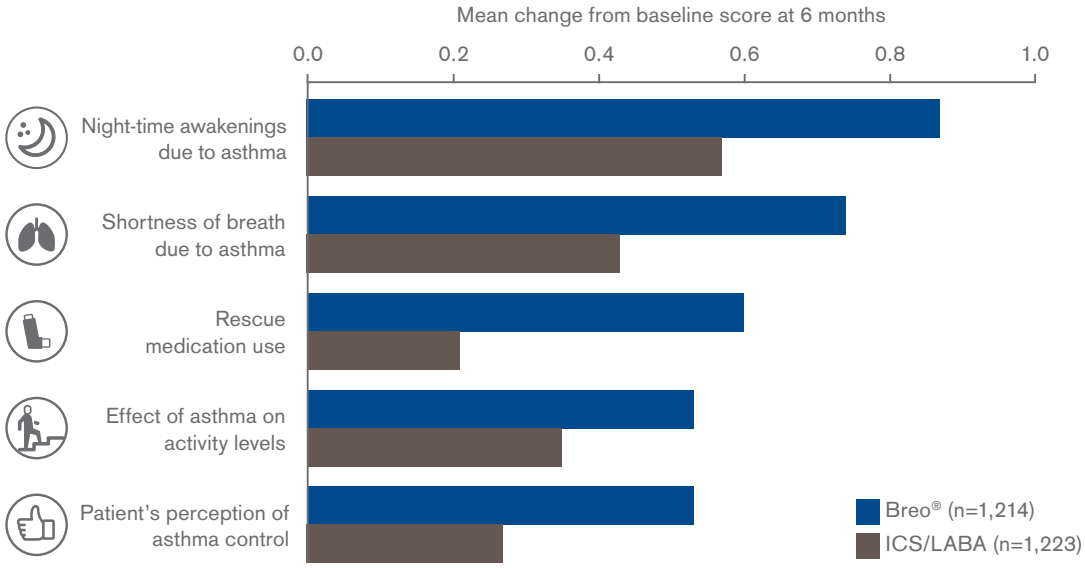
BREO® ELLIPTA®
fluticasone furoate / vilanterol

BREO® – superior to other ICS/LABAs in helping more patients improve asthma control in everyday clinical practice[1]



*The primary endpoint was the proportion of patients who achieved an improvement in ACT score from baseline of ≥3 or a total ACT score of ≥20, in patients in the Primary Efficacy Analysis (PEA) population initiated on BREO® vs. continuing on usual care at 24 weeks. The primary endpoint was met ($p<0.001$). Data presented are from a subset of patients prescribed ICS/LABA at baseline who were initiated on BREO® or continued on their ICS/LABA. Data showed a relative difference of 25% and an absolute difference of 14%.

BREO® – greater improvements across all 5 ACT components vs. other ICS/LABAs*[2]



Asthma control test – validated assessment of asthma control.

*Statistical analysis was not performed on the individual questions of the ACT. Data presented are from a pre-planned analysis from a subset of patients in the ITT population prescribed ICS/LABA at baseline initiated with BREO® or continued on their existing ICS/LABA. Overall mean change in ACT score from baseline was 3.3 for BREO® and 1.8 for other ICS/LABAs ($p<0.001$).[5]

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References: 1. Woodcock A *et al. Lancet* 2017;390:2247-2255. **2.** Svedsater H *et al. Respiratory Medicine* 2018;141:198-206. **3.** BREO® Ellipta® Data Sheet, GSK New Zealand. **4.** Global Strategy for Asthma Management and Prevention (GINA Report) 2019. **5.** GSK Data on file 2018

***Breo*® *Ellipta*®** (fluticasone furoate/vilanterol trifenatate inhaler 100/25mcg per inhalation) is a **Prescription Medicine.** *Breo® Ellipta®* is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination product (long-acting beta$_2$ agonist and inhaled corticosteroid) is appropriate. *Breo® Ellipta®* is also indicated for symptomatic treatment of patients with COPD with a FEV_1<70% predicted normal (post-bronchodilator) and with an exacerbation history. ***Breo*® *Ellipta*® 100/25mcg is a fully funded medicine. *Breo*® *Ellipta*® 200/25mcg is a private purchase medicine (dose indicated in asthma only); a prescription charge will apply. Maximum Daily Dose:** One inhalation once daily. **Contraindications:** Patients with severe milk-protein allergy or those who have hypersensitivity to fluticasone furoate, vilanterol or any excipients. **Side Effects:** Candidiasis of mouth and throat, headache, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, upper respiratory tract infection, bronchitis, influenza, abdominal pain, arthralgia, back pain, pyrexia, fractures. **Warnings and Precautions:** Not to be used for the treatment of acute asthma symptoms or an acute COPD exacerbation, for which a short-acting bronchodilator is required. Paradoxical bronchospasm may occur. Use care when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole), beta-blockers and in patients with severe cardiovascular disease. Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbations. The incidence of pneumonia and fractures in patients with asthma was uncommon. Before prescribing *Breo® Ellipta®* , please review the Data Sheet at www.medsafe.govt.nz. Breo® and Ellipta® are registered trade marks of the GlaxoSmithKline group of companies. *Breo® Ellipta®* was developed in collaboration with Innoviva Inc. Marketed by GlaxoSmithKline NZ Limited, Auckland. **Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500.**

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